



Application No. (if known): 10/531,521

Attorney Docket No.: 20421/0202621-US0

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MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on September 19, 2006
Date



Signature

Lillian Garcia
Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

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Two Month Request for Extension of Time

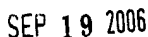
Under 37 CFR 1.136(a) (1 pg)

Amendment in Response to Non-Final Office Action (9 pp)

Amendment Transmittal Sheet (1 pg)

Fee Transmittal Sheet (1 pg); Fee Summary Sheet (1 pg)

Check No.: 12553 in the amount of \$450.00



Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL

For FY 2005

METHOD OF PAYMENT (check all that apply)

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

2. EXCESS CLAIM FEES		Small Entity
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims</u>
<u>8</u>	- 20 =		x	=		<u>Fee (\$)</u>
HP = highest number of total claims paid for, if greater than 20.						<u>Fee Paid (\$)</u>
<hr/>						
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
<u>2</u>	- 3 =		x	=		
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	_____ / 50	_____ (round up to a whole number) x _____	_____ = _____	
4. OTHER FEE(S)				<u>Fees Paid (\$)</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):	1252 Extension for response within second month	450.00
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SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	47,522	Telephone	(212) 527-7791
Name (Print/Type)	Louis J. DelJudice			Date	September 19, 2006



FEE SUMMARY SHEET

Petition for Extension of Time Under 37 CFR 1.136(a) (PTO SB-22)

Date: September 19, 2006
Time: 11:39 AM
Docket: 20421/0202621-US0

Filing Date: April 15, 2005
Application No: 10/531,521
Total Fee: \$ 450.00

Code	Amount	37 CFR	Fee Description	Listed on
1252	450.00	1.17(a)(2)	Extension for response within second month	Fee Transmittal (PTO SB-17)



AMENDMENT TRANSMITTAL LETTER

Docket No.
20421/0202621-US0

Application No.
10/531,521

Filing Date
April 15, 2005

Examiner
T. X. Luu

Art Unit
2878

Applicant(s): Kaoru Katayama et al.

Invention: GLASS BOTTLE INSPECTING APPARATUS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	8	- 20 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					450.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					450.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. 04-0100 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

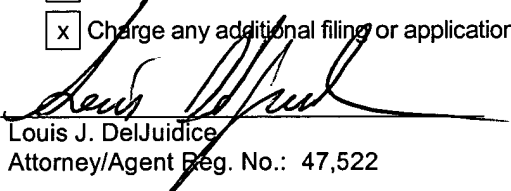
☒ A check in the amount of \$ 450.00 to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Louis J. DelJuidice
Attorney/Agent Reg. No.: 47,522

Dated: September 19, 2006

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